Please t	vne :	a olus	sian	(+)	inside	this box	\rightarrow	+
1 10000 1	ypo.	a pius	Jigiri	1.1	1113100	0113 002		

PTO/SB/01 (10-00) Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

A-23 Attorney Docket Number **DECLARATION FOR UTILITY OR** David C. Ashby **First Named Inventor DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) **Application Number** Filing Date Declaration ☐ Declaration Submitted after Initial OR Submitted Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name** required)

·								
As a below named inventor, I he	reby decia	are that:		· · · · · · · · · · · · · · · · · · ·				
My residence, mailing address, an	d citizenshi	ip are as stat	ed below next to my na	ime.				
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
PROJECT DOCKET MANAGEMENT APPARATUS AND METHOD								
		(1	itle of the Invention)					
the specification of which	•							
is attached hereto								
OR was filed on (MM/DD/YYYY)	OR as United States Application Number or PCT International							
	<u> </u>				(if applicable).			
Application Number		and was a	mended on (MM/DD/Y)	M) [
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or							
PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application		ountry	Foreign Filing Date	1	Certified Copy Attached?			
Number(s)		,und y	(MM/DD/YYYY)	Not Claimeu	YES NO			
	 			_				
	I							
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s) Filing Date (MM/DD/YYYY)								
09/754,979		January 5	5, 2001	Additional provisional application numbers are listed on a				
60/190,824		March 21		supplemental priority data sheet				
PTO/SB/02B attached hereto.								
			i		•			

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.







Please type a plus sign (+) inside this box + + Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label OR X Correspondence address below								
Name David C. Ashby								
Address 815 Covington Rd	Address 815 Covington Rd							
Address						****		
City Los Altos				State	CA	zip 94024		
Country USA		Telephone	(650)	766-43	368	(508) 632-5526 Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INV	ENTOR:			A petiti	on has been fil	ed for this unsigned inventor		
Given Name David C. Family Name Ashby or Surname					у			
Inventor's Signature	ASM	By				June 29, 2001 Date		
Residence: City Los Altos		Ĭ	State CA		Country USA	USA Citizenship		
Mailing Address 815 Covingon	Rd							
Mailing Address								
City Los Altos	State	CA		ZIP	94024	Country		
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventory.						ed for this unsigned inventor		
Given Name (first and middle [if any])					Family Name			
Inventor's Signature						Date		
Residence: City		- 1	State		Country	Citizenship		
Mailing Address								
Mailing Address								
City	State			ZIP		Country		
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								